



201 E. Fourth St.
P.O. Box 2301
Cincinnati, Ohio 45201-2301

January 24, 2001

DEPOSIT DATE
DOI JAN 26 2001

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

010108 - TC

Re: Application Form for Certificate to Provide Pay Telephone Service within the State of Florida

To Whom It May Concern:

Cincinnati Bell Public Communications, Inc. ("CBPC"), respectfully submits an original and three copies of both the above referenced application. Please date stamp and return one copy of this Application in the self-addressed stamped envelope provided.

If you have any questions about the application, please do not hesitate to contact me.

Very truly yours,

Robert J. Wentz
(513) 397-1248
Regulatory Analyst

DOCUMENT NUMBER - DATE
901864 01201 JAN 26 01
PPS - RECORDS/REPORTING



CINCINNATI BELL PUBLIC COMMUNICATIONS
444 WEST 3RD STREET
CINCINNATI, OHIO 45202
(513) 723-1424

PROVIDENT BANK
WITHAMSVILLE, OH
56-242/422

1/23/01

DATE

AMOUNT
\$100.00

PAY

One Hundred Dollars And 00 Cents

TO THE
ORDER
OF

119.07(1)(z), Florida Statutes: Bank account numbers
Florida P or debit, charge, or credit card numbers given to an
Florida P agency for the purpose of payment of any fee or debt
2540 Shumard Oak Blvd. agency for the purpose of payment of any fee or debt
Tallahassee, Florida 32399-0850
Tallahassee, Florida 32399-0850
and s.24(a), Art. 1 of the State Constitution . . .

VOID IF NOT CASHED IN 90 DAYS

AUTHORIZED SIGNATURE



Cincinnati Bell™

201 E. Fourth St.
P.O. Box 2301
Cincinnati, Ohio 45201-2301

ORIGINAL

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Very truly yours,

Robert J. Wentz
(513) 397-1248
Regulatory Analyst
Cincinnati Bell
a Broadwing company

Enclosure

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE

01201 JAN 26 01

FPSC-RECORDS/REPORTING

1. Name of company or name of individual (not fictitious name or d/b/a):
Cincinnati Bell Public Communications, Inc.

2. Name under which applicant will do business (fictitious name, etc.):
See Response to No. 1

3. Official mailing address:

Street: 201 East Fourth Street

P.O.Box:

City: Cincinnati

State: Ohio **Zip:** 45202

4. Florida address: None

Street:

P.O.Box:

City:

State: **Zip:**

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other:

6. **If incorporated in Florida, provide proof of authority to operate in Florida:**

**Florida Secretary of State
Corporate Registration Number:**

CBPC is currently seeking authority from the Florida Secretary of State's office to operate in Florida. As soon as this certificate is received, CBPC will forward it to the Commission.

7. **If using fictitious name d/b/a (doing business as),** provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida: N/A

**Florida Fictitious Name
RegistrationNumber: N/A**

8. **F.E.I. Number (if applicable):** 31-1704789

9. **If individual, provide:** N/A

Name:

Title:

Address:

City/State/Zip:

Telephone No.:

Fax No.:

Internet E-Mail Address:

Internet Website Address:

10. **If partnership,** provide name, title and address of all partners and a copy of the partnership agreement: N/A

a. **Name:**

Title:

Address:

City/State/Zip:

Telephone No.:

Fax No.:

Internet E-Mail Address:

Internet Website Address:

10. Partnership (continued)

b. **Name:**
Title:
Address:
City/State/Zip:
Telephone No.: **Fax No.:**
Internet E-Mail Address:
Internet Website Address:

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: Donald I. Marshall
Title: Assistant Vice President – Regulatory Affairs
Address: 201 East Fourth Street
City/State/Zip: Cincinnati, Ohio 45202
Telephone No.: (513) 397-1289
Fax No.: (513) 397-2408
Internet E-Mail Address: don.marshall@cinbell.com
Internet Website Address:

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Nicole Schulte
Title: Account Manager
Address: 201 E. 4th Street
City/State/Zip: Cincinnati, Ohio 45202
Telephone No.: (513) 397-9032
Fax No.: (513) 651-0509
Internet E-Mail Address: nicole.schulte@cinbell.com
Internet Website Address:

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: No

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

No.

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No.

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

Ohio, Kentucky, Indiana, Michigan, Pennsylvania, Tennessee

b. Has applications pending to be certified as a pay telephone provider.

South Carolina, Alabama, and Wisconsin

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

The Applicant has not been denied authority to operate as a pay telephone provider.

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

The Applicant has not had regulatory penalties imposed in any jurisdiction.

16. Please check (./) the services that will be provided:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe)

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year:

25 public pay telephones

18. How does the applicant intend to service and maintain each payphone? Check all that apply.

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe)

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 1OXXX+O, 1OXXXX+O, 101XXXX+O, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- YES**
- No Explain:**

20. Will each of the installed Pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A17.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1999 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes**
- No Explain:**

****APPLICANT FEE/TAX STATEMENT****

- 1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of **0.15 of one percent** of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
- 2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of **two and one-half percent** on all intra- and interstate business.
- 3. **SALES TAX:** I understand that a **seven percent** sales tax must be paid on intra and interstate revenues.
- 4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

Nicole F. Schulte
Print Name

Sales Account Manager
Title

513-397-9032
Telephone No.

Nicole F. Schulte
Signature

1-23-01
Date

513-651-0509
Fax No.

Address: 201 E. Fourth St, 102-327
Cincinnati, OH 45202

****ACKNOWLEDGMENT****

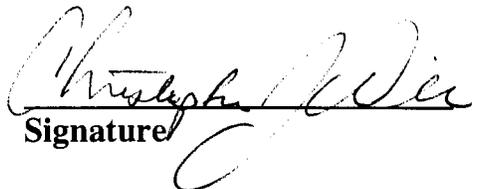
By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$60.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

CHRISTOPHER J. WILSON
Print Name


Signature

ASSISTANT SECRETARY
Title

1-24-01
Date

513-397-6351
Telephone No.

513-397-9557
Fax No.

Address: 201 E. 4th St.
CINCINNATI OH 45202

Form PSC/CNU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

****APPLICANT ACKNOWLEDGMENT****

Applicant:

/ acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Nicole F. Schulte

Print Name

Sales Account Manager

Title

513-397-9032

Telephone No.

Nicole F. Schulte

Signature

1-23-01

Date

513-651-0509

Fax No.

Address: 201 E. Fourth St, 102-327

Cincinnati, OH 45202

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.